ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER		19	591	
FORMALITY REVIEW	D.	TC 872	0518-01	
RESPONSE FORMALITY REVIEW	a/C	809	1-10-01	

INDEX OF CLAIMS

V	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Nestricted 0 Objected								
m Date	Claim Date	Claim Date						
m Date Feb Date Feb		<u>a</u>						
	Original Original	Original						
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	54	104						
	55	105						
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48 49	98	148						
50	100	149						
501	1100	150						

If more than 150 claims or 10 actions staple additional sheet here

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